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**Practitioner's Docket No.** 915.373

## **PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Pietruszka

Application No.: 09 / 652,067 Group No.: 2642

Filed: August 31 2000

For: Arrangement for Using a Number of Modifiable Settings

### Assistant Commissioner for Patents

Assistant Commissioner  
Washington, D.C. 20231

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above application for which issuance of a corrected filing receipt is respectfully requested.
2. There is an error with respect to the following data, which is:

incorrectly entered

and/or

omitted.

**Error in**

### Correct data

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
7. Number of Independent claims --2--  
and not "1".

**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being

**MAILING**

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

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**Signature**

Date: 11/17/80

Anita Schelmetic  
(type or print name of person certifying)

(Request for Corrected Filing Receipt [5-8]—page 1 of 2)

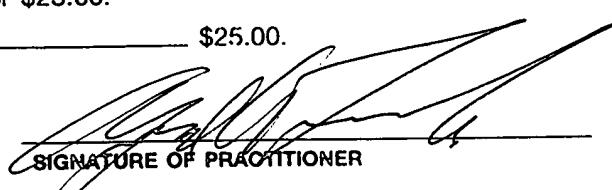
3. (complete the following applicable item)

A.  The correction(s) is/are not due to any error by applicant and no fee is due.

OR

B.  At least one of the above corrections is due to applicant's error and the fee therefor, under 37 C.F.R. § 1.19(h), of \$25.00 is paid as follows:

Enclosed is check for \$25.00.  
 Charge Account \_\_\_\_\_ \$25.00.

  
SIGNATURE OF PRACTITIONER

Reg. No.: 27,550

Alfred A. Fressola

(type or print name of practitioner)

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(Request for Corrected Filing Receipt [5-8]—page 2 of 2)



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/652,067	08/31/2000	2642	690	915.373	3	13	1

004955  
 WARE FRESSOLA VAN DER SLUYS &  
 ADOLPHSON, LLP  
 BRADFORD GREEN BUILDING 5  
 755 MAIN STREET, P O BOX 224  
 MONROE, CT 06468



## FILING RECEIPT



Date Mailed: 11/01/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Jorg Pietruszka, Bochum, GERMANY;

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## Continuing Data as Claimed by Applicant

MAR 14 2001

## Foreign Applications

GERMANY 19943342.9 09/10/1999

Technology Center 2800

## Title

Arrangement for using a number of modifiable settings

NOV 16 2000

## Preliminary Class

379

FILE 915,373  
ANS'D. easy

Data entry by : MENESSES, MARIA

Team : OIPE

Date: 11/01/2000





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2/26/01  
2/26/01  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Pietruszka

Serial No.: 09 / 652,067

Group No.: 2642

Filed: August 31, 2000

Examiner:

For: Arrangement for Using a Number of Modifiable Settings

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DEC 01 2000

Commissioner of Patents and Trademarks

Technology Center 2600

Washington, D.C. 20231

## TRANSMITTAL OF CERTIFIED COPY

Attached please find the certified copy of the foreign application from which priority is claimed for this case:

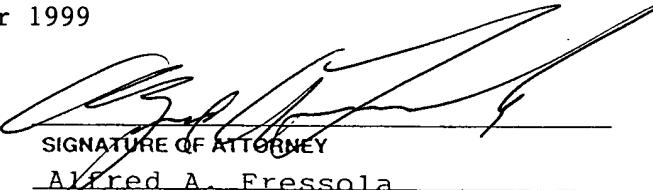
Country : Germany

Application Number : 199 43 342.9

Filing Date : 10 September 1999

Reg. No. 27,550

Tel. No. (203) 261-1234

  
SIGNATURE OF ATTORNEY

Alfred A. Fressola

Type or print name of attorney

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755 Main Street, PO Box 224  
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NOTE: The claim to priority need be in no special form and may be made by the attorney or agent if the foreign application is referred to in the oath or declaration as required by § 1.63.

## CERTIFICATE OF MAILING (37 CFR 1.8a).

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date: November 17, 2000

Anita Schelmetic

Type or print name of person mailing paper

Anita Schelmetic

(Signature of person mailing paper)



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FILED 15  
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Bib Data Sheet

SERIAL NUMBER 09/652,067	FILING DATE 08/31/2000 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. 915.373
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## APPLICANTS

Jorg Pietruszka, Bochum, GERMANY;

## \*\* CONTINUING DATA \*\*\*\*

*None*

## \*\* FOREIGN APPLICATIONS \*\*\*\*

GERMANY 19943342.9 09/10/1999 *(Signature)*IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 10/18/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>(Signature)</i>	Initials			

## ADDRESS

004955

## TITLE

Arrangement for using a number of modifiable settings

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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